

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Planned Parenthood Action Fund Inc. PAC**

Full Name (Last, First, Middle Initial)

**A. Suzanne Gabbay**

Mailing Address 30 Haku Hale Place

City

Lahaina

State

HI

Zip Code

96761

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Information Requested

Occupation

Information Requested

Receipt For:

☐ Primary  
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		06		2015

**Transaction ID : A2015-2482733**

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

**B. Raymond Gambino**

Mailing Address 651 Village Drive #1702

City

Pompano Beach

State

FL

Zip Code

33060

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Information Requested

Occupation

Doctor

Receipt For:

☐ Primary  
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		27		2015

**Transaction ID : A2015-2482919**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Mr. Jason M Gilbert**

Mailing Address 55 Ellis Road

City

West Newton

State

MA

Zip Code

02465

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor

Receipt For:

☐ Primary  
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		16		2015

**Transaction ID : A2015-2482315**

Amount of Each Receipt this Period

750.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

1300.00

**TOTAL** This Period (last page this line number only)..... ►